

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/517997** FILING DATE **Winston Alvarado**
APPLICANT(S) **National Stage Processing**
Paralegal Specialist
(703) 305-6421

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
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TOTAL IND.		3		3		
TOTAL DEP.		30		30		
TOTAL CLAIMS		33		33		

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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TOTAL IND.			3			
TOTAL DEP.			30			
TOTAL CLAIMS		33		33		

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